



**KEARNS & ASHBY, D.D.S., P.C.**  
**DENTISTRY FOR CHILDREN, TEENAGERS AND PERSONS WITH HANDICAPS**

**JAMES D. KEARNS, D.D.S.**  
**DWIGHT J. ASHBY, D.D.S., Diplomate**  
**NANCY L. RAJCHEL, D.D.S., Diplomate**  
**JEFFREY D. KEARNS, D.D.S., Diplomate**

4509 UNION DEPOSIT RD  
HARRISBURG, PA 17112  
(717) 558-9830  
FAX: (717) 558-9844

4836 EAST TRINDLE ROAD  
MECHANICSBURG, PA 17050  
(717) 737-5834  
FAX: (717) 737-2158

**REQUEST FOR DENTAL RECORDS**

I, \_\_\_\_\_, am requesting copies of dental  
Parent/Guardian of Minor Child or Self  
radiographs and/or dental records for the following patient(s).

Patient name(s): \_\_\_\_\_

Patient(s) Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Would you like all future scheduled appointments canceled? \_\_\_\_\_ Yes \_\_\_\_\_ No

I would like copies of the records to be sent to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian of Minor Child or Self Signature

Date Received: \_\_\_\_\_  
(Office Use Only)